

2014 ALABAMA SENIOR CITIZENS HALL OF FAME NOMINATION FORM

Date of Event – Sunday, October 12, 2014

This form allows you to nominate a person to be inducted into the Alabama Senior Citizens Hall of Fame or receive a Special or Honorary Award based on the nominee's contributions to the welfare of and service to senior adults in Alabama. **The deadline for nomination is August 22, 2014.**

(Please print or type)

Name of Nominee: _____

Address: _____

_____ Phone: (_____) _____

E-Mail Address: _____

Date of Birth: _____ Check if nominee is (will be) 60 years or older in the year 2014 ☐

Birthplace: _____ Name of Spouse: _____

Schools Attended: _____ Highest Level Completed: _____

Honors and Awards: _____

Employment before retirement of the nominated senior: (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Business (including retail, power, communications) | <input type="checkbox"/> Military (Branch of Service: _____) |
| <input type="checkbox"/> Industry-Manufacturing-Agricultural and Energy | <input type="checkbox"/> National Guard/Reserve |
| <input type="checkbox"/> Commerce-Banking-Savings-Investment-Insurance | <input type="checkbox"/> State |
| <input type="checkbox"/> Professional-Legal-Accounting | <input type="checkbox"/> City-County-Local Public Agency |
| <input type="checkbox"/> Medical-Doctor-Health Professional | <input type="checkbox"/> Education-Public |
| <input type="checkbox"/> Self-Employed | <input type="checkbox"/> Education-Private |
| <input type="checkbox"/> Federal | <input type="checkbox"/> Other (including non-profit) |

Award Categories (Select not more than 3 and list in priority of 1, 2, or 3 of recognition):

- | | |
|--|--|
| <input type="checkbox"/> Elected Official | <input type="checkbox"/> Hospice/Respite |
| <input type="checkbox"/> Educator | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Religious (<i>circle one – Ministry, Choir, Sunday School or Religious Education teacher</i>) | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Physician | <input type="checkbox"/> Civic |
| <input type="checkbox"/> Health Professional | <input type="checkbox"/> Blood Donor/Organ Donor |

NOMINATED BY: (Please print or type)

Your Name: _____

Your Address: _____

Your telephone number/E-Mail address: _____

Your Signature: _____

**Please return this Nomination Form no later than August 22, 2014 to
Hall of Fame Selection Committee, Alabama Department of Senior Services,
P. O. Box 301851, Montgomery, AL 36130-1851.**

Emphasize uncompensated and exceptional services to older citizens

- [illegible]

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- d. Senior Center / Multipurpose Center / Disaster Safe Houses (development, operation, maintenance, culinary, grounds):

- e. Community (e.g., furnish transportation to non-driving seniors; assist with household or outdoor duties; transport and delivery of staple groceries from food banks to needy seniors; volunteer at rescue missions; volunteer at fire department; contribute to and participate in fundraising for seniors; tutoring/teaching/mentoring and expertise sharing):

- f. Volunteer at health, assisted living, nursing home or hospice facilities (e.g., sustaining home health caregiver) / Red Cross volunteer, organ or systematic blood donor:

- g. Member of task force (e.g., the Elder Justice Alliance):

- h. Member of retirement/senior health coverage board:

- i. Other (e.g., volunteer at special events such as Ms. Senior Alabama, Masters Games Alabama, Senior State Games):

3. Attach additional sheets to this form providing a detailed explanation of all outstanding contributions that your nominee has made for the benefit of, and service to, senior citizens in Alabama.

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P. O. Box 301851, Montgomery, AL 36130-1851.**

RECOGNITION OF COUPLES MARRIED 65 YEARS OR MORE

Complete this form to allow the Alabama Senior Citizens Hall of Fame to recognize and honor those couples who have been married for 65 years or longer.

Name of Husband: _____

Name of Wife: _____

Address: _____

Date of Marriage: _____ Birthplace: _____

Number of children: _____ Grandchildren: _____ Great Grandchildren: _____

Submitted by:

Your Name: _____

Your Address: _____

Your Phone Number/E-Mail Address: _____

Your Signature: _____

Thank you for allowing the Hall of Fame to recognize this couple.

**Please mail this form no later than August 22, 2014 to Hall of Fame Selection Committee, Alabama
Department of Senior Services, P. O. Box 301851, Montgomery, AL 36130-1851.**

RECOGNITION OF ALABAMA CITIZENS WHO ARE 100 YRS OF AGE OR OLDER

Complete this form to allow the Alabama Senior Citizens Hall of Fame to recognize and honor those individuals in Alabama who have reached the age of 100 years or older.

Name of Individual: _____

Address: _____

Date of Birth: _____ Birthplace: _____

Name of Spouse (if living): _____

Number of children: _____ Grandchildren: _____ Great Grandchildren: _____

Submitted by:

Your Name: _____

Your Address: _____

Your Phone Number/E-Mail Address: _____

Your Signature: _____

Thank you for allowing the Alabama Senior Citizens Hall of Fame to recognize this individual.

**Please mail this form no later than August 22, 2014 to Hall of Fame Selection Committee, Alabama
Department of Senior Services, P. O. Box 301851, Montgomery, AL 36130-1851.**